**Prior Foreign Application** 

Number(s)

a valid OMB control number.	Attorney Docket Nur	n of information unless it contains B-108				
DECLARATION FOR UTILITY OR DESIGN	First Named Invento	Richard N. Wright				
PATENT APPLICATION	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application Number	unl	known/			
	Filing Date					
Post Declaration       □ Declaration         Submitted       OR       Submitted after Initial	Group Art Unit	unkr	nown			
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	unknown				
As a below named inventor, I hereby declare that:  My residence, post office address, and citizenship are as s I believe I am the original, first and sole inventor (if only on	e name is listed below) or an	original	, first and joint inventor (if plural			
My residence, post office address, and citizenship are as s	e name is listed below) or an med and for which a patent is	original sought	on the invention entitled:			
My residence, post office address, and citizenship are as s I believe I am the original, first and sole inventor (if only on names are listed below) of the subject matter which is clair  COMPOSITE NEUTRON ABSORBING COATING  the specification of which  is attached hereto  OR	e name is listed below) or an med and for which a patent is GS FOR NUCLEAR CRIT the Invention)	original sought	Y CONTROL			
My residence, post office address, and citizenship are as s I believe I am the original, first and sole inventor (if only on names are listed below) of the subject matter which is clair  COMPOSITE NEUTRON ABSORBING COATING the specification of which (Title of is attached hereto OR was filed on (MM/DD/YYYY)	e name is listed below) or an med and for which a patent is GS FOR NUCLEAR CRIT the Invention)  as United State	original sought ICALIT	Y CONTROL			
My residence, post office address, and citizenship are as s I believe I am the original, first and sole inventor (if only on names are listed below) of the subject matter which is clair  COMPOSITE NEUTRON ABSORBING COATING the specification of which (Title of is attached hereto OR was filed on (MM/DD/YYYY)	are name is listed below) or an med and for which a patent is GS FOR NUCLEAR CRIT is the Invention)  as United State amended on (MW/DD/YYYY) attents of the above identified states.	original sought ICALIT	Y CONTROL  ication Number or PCT Internatio			

0000 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Country

Filing Date (MM/DD/YYYY) Application Number(s) Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Foreign Filing Date (MM/DD/YYYY)

**Priority** 

**Not Claimed** 

Certified Copy Attached?

NO

YES

[Page 1 of 2]

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## **DECLARATION** — Utility or Design Patent Application

				4								
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application.												
U.S. Parent Application or PCT Parent Number				Parent (MM/	Parent Patent Number (if applicable)							
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.												
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transand Trademark Office connected therewith:  Customer Number  OR							transa	Place Customer Number Bar Code				
<u> </u>					name/regis	tration number l	isted belo	w L	Label here			
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Stephen !			32,687	animei .	$\neg \vdash$				,,,,			
Stephen R. Christian Alan D. Kirsch			33,720									
Additional	registere	d practitioner(s) name	d on supplement	tal Registere	d Practition	er Information sl	neet PTO	/SB/020	attached here	eto.		
☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.  Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address be												
Name	Steph	en R. Christian										
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of Sole or First Inventor:					A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname								
Richard N.				Wright ,								
Inventor's Signature			1727	12,4				·	Date	12/01/02		
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Additional	invento	rs are being name	d on the 1 s	upplement	al Addition	al Inventor(s)	sheet(s	) PTO/	SB/02A attac	ched hereto		

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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

			_									
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor												
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Post Office Address												
City	Idaho Falls	State	ID		ZIP	83402	Country	, us				
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor												
Given Name (first and middle [if any]) Family Name or Surname												
Ronald E. Mizia												
Inventor's Signature	Hould. Vizin					-,	O/ 31/02 Date					
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Name of Addition	nal Joint Inventor, if a	iny:	-		A petitio	on has been filed	for this	s unsig	ned inv	rentor		
Given Name (first and middle [if any])					Family Name or Surname							
ramy reame or surrante												
Inventor's Signature							Date					
Residence: City	State				Country		Citize	itizenship				
Post Office Address												
Post Office Address												
City			ZIP	Country								
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